Texas Ethics Cor	mmission P.O. Box 12070 Austin, Texas	78711-2070	(312)4	1-800-325	3-000
POLITIC	CAL EXPENDITURES			SCHEDULE	F 
The Instruction	ON GUIDE explains how to complete this form.		1 Total page	es Schedule F: 2 £ 3 6	= 2
2 FILER NAME Orlando S		and an office of the second of	3 ACCOUNT	T # (Ethics Commission filers)	
4 Date	5 Payee name	And the second s	<u></u>	7 Amount	
1/10/03	Children's Assessment Center			(\$)	
	6 Payee address; City; State; Zip Code		• • • • • • •	\$750.00	
·	2500 Bolsover Houston, TX 77005	·	·		
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 · · Complete if dir Candidate / Officeholder n	•	e to benefit C/OH •• Office sought Office h	held
Award Spor	nsorship				
Date	Payee name	A		Amount	
1/10/03	SK Strategies			(\$)	
17,0,0	Payee address; City; State; Zip Code			\$10,000.00	
	55 Waugh Drive Ste 610 Houston, TX 77007				
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	•	e to benefit C/OH •• Office sought Office h	held
Fundraising Co	onsulting				
Date	Payee name			Amount (\$)	
1/17/03	Orlando Sanchez				
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		\$1657.94 	
ļ 	PO Box 20463 Houston, Texas 77225				
		T			
Purpose of payi required.)	ment (See instructions regarding type of information	Complete if dire     Candidate / Officeholder na		to benefit C/OH •• Office sought Office he	ıeld
' '	nt for Political Campaign Activities- see			-	
Date	Payee name			Amount	
1/30/03	AT&T Wireless			(\$)	
	Payee address; City; State; Zip Code			\$269.01	
	PO Box 8220 Aurora, IL 60572-8220				
Purpose of payi required.)	rment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH · · Office sought Office he	eld
Campaign Pho	ne Service				
				,	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIO	CAL EXPENDITURES		S	SCHEDULE F
The Instruction	סא Guide explains how to complete this form.		1 Total pages Schedu	le F: 3 of 32
2 FILER NAME Orlando S			3 ACCOUNT # (Ethics	Commission filers)
4 Date	5 Payee name		7	Amount (\$)
1/30/03	T Mobile		0.50	•
	6 Payee address; City; State; Zip Code			9.40
·	PO Box 742596 Cincinatti, OH 45274-2596			
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	rect expenditure to benef ame Office sou	
Campaign F	Phone Service			
Date	Payee name	The state of the s		Amount (\$)
1/30/03	International Mailing Systems		000	
	Payee address; City; State; Zip Code		\$90	01.73
	815 Live Oak Houston, TX 77003			
	Houston, 1 × 17003			
Purpose of payi	ment (See instructions regarding type of information	<ul> <li>Complete if direction</li> <li>Candidate / Officeholder na</li> </ul>	ect expenditure to benefi ame Office soug	
, ,	Processing Fees for Mailout			
Date	Payee name			Amount (\$)
1/30/03	Garden in the Heights		\$750	, ,
•	Payee address; City; State; Zip Code		****	,,,,,
!	1885 St James Place Houston, TX 77056			
Purpose of payr required.)	ment (See instructions regarding type of information	•	ect expenditure to benefi	
Charitable Ever	nt Donation	Candidate / Officeholder na	arne Office soug	ht Office field
-				
Date	Payee name			Amount (\$)
2/6/03	Webvertising		\$13	
	Payee address; City; State; Zip Code		¥ · -	
	3100 Richmond Ste 200 Houston, TX 77098			
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder name	ect expenditure to benefit ame Office sough	
Website Mainte	nance			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

# POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Orlando Sanchez Amount 5 Payee name Date (\$) Greater Houston Pachyderm Club 2/6/03 \$40.00 City; State; Zip Code 6 Payee address; PO Box 22531 Houston, TX 77227-2531 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held required.) Candidate / Officeholder name Office sought Dues Amount Payee name Date **Kight Printing** 2/6/03 \$3483.58 Payee address; City; State; Zip Code 5750 Bintliff Ste 202 Houston, TX 77036 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office held Candidate / Officeholder name Office sought required.) Printing Amount Date Payee name (\$) SK Strategies 2/10/03 \$10,000.00 Payee address; City; State; Zip Code 55 Waugh Drive Ste 610 Houston, TX 77007 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office held Candidate / Officeholder name Office sought Fundraising Consulting Amount Date (\$) Texas Federation of Republican Women 2/10/03 \$100.00 City; State; Zip Code Payee address; 4838 Lake Village Drive Fulshear, TX 77441 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held required.) Contribution ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITI	CAL EXPENDITURES			SCHEDU	JLE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	s Schedule F:	32
2 FILER NAM Orlando S			3 ACCOUNT	# (Ethics Commission fi	lers)
4 Date	5 Payee name		***************************************	7 Amou (\$)	nt
2/19/03	US Postmaster				
	6 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$1702.00	
	700 Smith St Houston, TX 77002				
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n	•	e to benefit C/OH •• Office sought	Office held
Postage					
Date	Payee name			Amour (\$)	nt
3/4/03	Kight Printing				
	Payee address; City; State; Zip Code			\$6217.38	
	5750 Bintliff Ste 202 Houston, TX 77036				
Purpose of pay required.)	J yment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder na	•	to benefit C/OH •• Office sought	Office held
Printing					
Date	Payee name			Amour (\$)	nt
3/4/03	Harris County Tax Assessor  Payee address; City; State; Zip Code			\$160.00	
	1001 Preston Houston, TX 77002				
	yment (See instructions regarding type of information			to benefit C/OH ··	Office held
required.) Maps		Candidate / Officeholder na	ame	Office sought	Office field
Wapo					
Date	Payee name			Amoun (\$)	ıt
3/4/03	Bay Area Republican Women			\$100.00	
	Payee address; City; State; Zip Code			Ψ100.00	
	418 Willow Drive EL Lago, TX 77586				
Purpose of pay required.)	/ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
Event Ticket					
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EEDED		

POLITIO	CAL EXPENDITURES		3122	SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total page:	s Schedule F: 6 % 32
2 FILER NAME Orlando S			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
3/4/03	US Postmaster			
	6 Payee address; City; State; Zip Code			\$37.00
	700 Smith Street Houston, TX 77002-2714			
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Postage				
Date	Payee name			Amount (\$)
3/5/03	AT&T Wireless			\$513.94
	Payee address; City; State; Zip Code			φ515.94
	PO Box 8220 Aurora, IL 60572-8220			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Campaign Pho	ne Service			
Date	Payee name			Amount (\$)
3/5/03	T Mobile			\$59.48
·	Payee address; City; State; Zip Code			<b>4</b> 00.10
	PO Box 742596 Cincinatti, OH 45274-2596			
Purpose of payl required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Campaign Pho	ne Service	Candidate / Officeriolder Ha	ane	Office sought Office had
. •				
Date	Payee name			Amount (\$)
3/5/03	Webvertising			\$135.31
	Payee address; City; State; Zip Code			<b>4</b> ,55.5.
	3100 Richmond Ste 200 Houston, TX 77098			
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Website Mainte	enance			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

# SCHEDULE F **POLITICAL EXPENDITURES** Total pages Schedule F: The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Orlando Sanchez Amount Date 5 Payee name 3/11/03 Kight Printing \$210.44 City; State; Zip Code 6 Payee address; 5750 Bintliff Ste 202 Houston, TX 77036 · Complete if direct expenditure to benefit C/OH · · Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name Office sought required.) Printing Amount Payee name Date Aztec Party & Tent Rentals 3/11/03 \$1893.30 Payee address; City; State; Zip Code 364 1-C Westheimer Houston, Texas 77027 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Office sought Candidate / Officeholder name required.) Tent Rental for Campaign Reception Amount Payee name Date (\$) J & S Audio Visual 3/11/03 \$568.32 City; State; Zip Code Payee address; 1209 West Loop North, Ste. 100 Houston, Texas 77055 · Complete if direct expenditure to benefit C/OH · Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name Office sought Sound System for Campaign Reception Amount Payee name Date (\$) University of Houston 3/11/03 \$100.00 Payee address; City; State; Zip Code 4800 Calhoun Rd Houston, TX 77204 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office held required.) **Event Donation** ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIC	CAL EXPENDITURES			SCHEDU	LE <b>F</b>
The Instruction	N GUIDE explains how to complete this form.		1 Total page	es Schedule F:	32
2 FILER NAME Orlando S			3 ACCOUNT	「# (Ethics Commission file	ers)
4 Date	5 Payee name			7 Amoun	ıt
3/11/03	Today's Wireless				
•	6 Payee address; City; State; Zip Code			\$216.49	
	648 Hwy 6 South Houston, TX 77079				
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	•	e to benefit C/OH •• Office sought	Office held
Campaign F	Phone Service				
Date	Payee name			Amoun (\$)	t
3/13/03	SK Strategies			\$10,000.00	
	Payee address; City; State; Zip Code			φ10,000.00	
	55 Waugh Drive Ste 610 Houston, TX 77007				
Purpose of pay required.)	rment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held			Office held
Fundraising Co	onsulting				
Date	Payee name			Amount (\$)	:
3/13/03	Kinko's			\$233.82	
	Payee address; City; State; Zip Code			·	
	5616 Westheimer Rd Houston, TX 77056-4002			·	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
Mounting of M	aps	Candidate / Omconicide, no	itte	Office sought	Office Ho.S
Date	Payee name			Amount	
4/1/03	AT&T Wireless			(\$) \$258.63	
	Payee address; City; State; Zip Code			Ψ200.00	
·	PO Box 8220 Aurora, IL 60572-8220		·		
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
Campaign Pho	one Service			annana	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED		

POLITIO	CAL EXPENDITURES			SCHEDU	JLE <b>F</b>
The Instruction	N Guide explains how to complete this form.		1 Total pages	s Schedule F:	F32
2 FILER NAME Orlando S			3 ACCOUNT	# (Ethics Commission fil	ers)
4 Date	5 Payee name			7 Amour (\$)	nt
4/1/03	International Mailing Systems				
	6 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$755.85	
	815 Live Oak Houston, TX 77003				
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought	Office held
Postage and	d Processing fees for mailout				
Date	Payee name			Amour (\$)	nt
4/1/03	Baselice & Associates				
	Payee address; City; State; Zip Code			\$34,225.00	
	4131 Spicewood Springs Rd Ste O-2 Austin, TX 78759				
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought	Office held
Campaign Sur	vey				
Date	Payee name			Amoun (\$)	t
4/1/03	Kight Printing			\$146.96	
!	Payee address; City; State; Zip Code 5750 Bintliff, Ste 202 Houston, TX 77036		į	• • • • • • • • • • • • • • • • • • •	·
Purpose of payr required.) Printing	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder nai	•	to benefit C/OH •• Office sought	Office held
Date	Payee name			Amount (\$)	t
4/1/03	SK Strategies			\$7000.00	
	Payee address; City; State; Zip Code  55 Waugh Drive Ste 610  Houston, TX 77007				
Purpose of payr	ment (See instructions regarding type of information	•• Complete if direc	•	to benefit C/OH •• Office sought	Office held
	Consulting Fee			•	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

POLITI	ICAL EXPENDITURES			SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages	Schedule F: 11 oF32
2 FILER NAM Orlando S			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name	een van de v		7 Amount
4/1/03	David Polyansky			(\$)
	6 Payee address; City; State; Zip Code	· • • • • • • • • • • • • • • • • • • •		\$1500.00
	2400 Westheimer Ste 104C Houston, TX 77098			
8 Purpose of pa required.)	yment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
Consulting	Fee			
Date	Payee name			Amount (\$)
4/1/03	La Griglia			
	Payee address; City; State; Zip Code			\$80.15
	2002 W. Gray Houston, Texas 77019			
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	•	o benefit C/OH ••  Office held
Meeting with F	Political Supporters			
Date	Payee name			Amount (\$)
4/1/03	Gina Benton			\$1800.00
	Payee address; City; State; Zip Code			\$1000.00
	12939 Wincrest Court Cypress, Texas 77429			
,	ment (See instructions regarding type of information	•• Complete if direct		
required.) Consulting Fee	<b>a</b> .	Candidate / Officeholder nar	me Oi	ffice sought Office held
Consulting 1 co				
Date	Payee name			Amount (\$)
4/1/03	Office Depot			\$16.18
	Payee address; City; State; Zip Code			* 12.12
	3443 Kirby Houston, Texas 77098			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direction Candidate / Officeholder name		benefit C/OH •• fice sought Office held
Campaign Offic	ce Supplies			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEI	EDED	

#### **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 32 12 06 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Orlando Sanchez Amount Date 5 Payee name Orlando Sanchez 4/1/03 \$2784.83 . . . . . . . . . City; State; Zip Code 6 Payee address; PO Box 20463 Houston, Texas 77225 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name Office sought required.) Reimbursement for Political Campaign Activitiessee schedule G Amount Date Pavee name (\$) Orlando Sanchez 4/1/03 \$450.00 Payee address; City; State; Zip Code PO Box 20463 Houston, TX 77225-0463 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office held Candidate / Officeholder name Office sought required.) Milage Reimbursement for Campaign Activities Amount Payee name Date (\$) S&G Staff Leasing 4/9/03 Payee address; \$4325.00 City; State; Zip Code 5065 Westheimer, Ste 818 Houston, TX 77056 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held Campaign Payroll Service Amount Payee name Date (\$) Kight Printing 4/15/03 \$3485.36 City; State; Zip Code Payee address; 5750 Bintliff Ste 202 Houston, TX 77036 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name required.) **Printing**

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Printed on recycled paper

POLITIO	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F: 13 66 32
2 FILER NAME Orlando S			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
4/15/03	Greater Houston Pachyderm Club			
	6 Payee address; City; State; Zip Code			\$40.00
	PO Box 22531 Houston, TX 77227-2531			
8 Purpose of pay required.)	to benefit C/OH •• Office sought Office held			
Event Ticke	t .			
Date	Payee name			Amount (\$)
4/15/03	Webvertising			\$135.31
	Payee address; City; State; Zip Code			ψ133.31
	3100 Richmond Ste 200 Houston, TX 77009-6737			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direction of the Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Website Mainto	enance			
Date	Payee name			Amount (\$)
4/15/03	Texas Full Throttle Magazine			\$2000.00
	Payee address; City; State; Zip Code			Ψ2000.00
	14027 Memorial Drive #330 Houston, TX 77079			
	ment (See instructions regarding type of information			to benefit C/OH •• Office sought Office held
required.) Advertisement		Candidate / Officeholder na	ame	Office sought Office held
Advertisement				
Date	Payee name			Amount (\$)
4/15/03	T Mobile 			\$59.43
	Payee address; City; State; Zip Code		. :	
	PO Box 742596 Cincinatti, OH 45274-2596			
Purpose of payi required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Campaign Pho	ne Service			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

# **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Orlando Sanchez 5 Payee name Amount (\$) 4/15/03 Floral Events \$119.08 City; State; Zip Code 6 Payee address; 3118 Houston Ave Houston, TX 77009-6737 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Office held Candidate / Officeholder name **Decorations for Campaign Reception** Amount Payee name Date (\$) SK Strategies 4/15/03 Payee address; \$14,000.00 City; State; Zip Code 55 Waugh Drive Ste 610 Houston, TX 77007 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Office held Candidate / Officeholder name Office sought Fundraising and Organizational Consulting Fees Amount Payee name Date (\$) SK Strategies 4/15/03 \$235.03 City; State; Zip Code Payee address; 55 Waugh Drive Ste 610 Houston, TX 77007 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought Office held Reimbursement for Campaign Office Supplies and Campaign Phone Line Amount Payee name Date David Polyansky 4/15/03 \$2500.00 City; State; Zip Code Payee address; 2400 Westheimer #104C Houston, TX 77098 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held required.) Office sought Candidate / Officeholder name Consulting Fee ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIO	CAL EXPENDITURES			SCHEDULE F
The Instructio	ON GUIDE explains how to complete this form.	•	1 Total pages	Schedule F: 15ef32
2 FILER NAME Orlando S			3 ACCOUNT:	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
4/15/03	Gina Benton			
	6 Payee address; City; State; Zip Code		, , , , , , , ,	\$1800.00
	12939 Wincrest Drive Cypress, TX 77429	<u> </u>	·	
8 Purpose of pay required.)	/ment (See instructions regarding type of information	9 - Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Consulting F	Fee			
Date	Payee name			Amount (\$)
4/15/03	Kevin Pelfrey			\$84.40
ļ	Payee address; City; State; Zip Code			<b>Ф</b> 04.40
	PO Box 20674 Houston, TX 77282			
Purpose of payi required.)	/ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
Reimbursemer	nt for Office Supplies			
Date	Payee name			Amount (\$)
4/15/03	SBC			\$64.81
	Payee address; City; State; Zip Code 1714 Ashland St			4-11-1
	1714 Ashland St Houston, TX 77008-3998			
	rment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
required.) Campaign Pho	ne Service	Candidate / Onlocholaci	ame -	Jilice sought
Odinpa.o.				
Date	Payee name			Amount (\$)
4/15/03	The 100 Club	· · · · · · · · · · · · · · · · · · ·		(\$) \$60.00
	Payee address; City; State; Zip Code			φυσ.σσ
	1233 West Loop South, Ste 1250 Houston, TX 77027			
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		o benefit C/OH •• Office sought Office held
Event Ticket				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EEDED	

POLITI	CAL EXPENDITURES			SCHE	DULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	Schedule F:	6eF32
2 FILER NAM Orlando S			3 ACCOUNT#	# (Ethics Commission	on filers)
4 Date	5 Payee name	and the state of t			nount (\$)
4/23/03	David Polyansky				Ψ/
	6 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$234.91	
	2400 Westheimer #104C Houston, TX 77098				
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n	•	o benefit C/OH Office sought	Office held
Reimburse	ment for Copies				
Date	Payee name				ount \$)
4/23/03	Texas Young Republican Federation				•
	Payee address; City; State; Zip Code			\$300.00	
	4612 SCR 1311 Odessa, TX 79765				
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		o benefit C/OH	Office held
Advertisemen	t				
Date	Payee name				ount \$)
4/23/03	League of United Latin American Citizens			\$35.00	-,
•	Payee address; City; State; Zip Code			Ψ00.00	
	2000 L Street NW Ste 610 Washington, DC 20036				
	I /ment (See instructions regarding type of information	• Complete if dir	' <del>-</del> '		Office held
required.)  Advertisement		Candidate / Officeholder na	ame C	ffice sought	Office field
Advertisement					
Date	Payee name				ount
4/23/03	League of United Latin American Citizens			\$100.00	<b>5</b> )
	Payee address; City; State; Zip Code			\$100.00	
	2000 L Street NW Ste 610 Washington, DC 20036				
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder na		benefit C/OH •	Office held
Parade Entry F	Fee				
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instructio	N GUIDE explains how to complete this form.		1 Total pages	s Schedule F: 17 of 32
2 FILER NAME Orlando S			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
4/23/03	Hefner & Associates			
	6 Payee address; City; State; Zip Code			\$5200.00
	PO Box 5682 Kingwood, TX 77325			
8 Purpose of pay required.)	/ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n	•	to benefit C/OH •• Office sought Office held
Organizatio	nal Consulting Fee			
Date	Payee name			Amount (\$)
4/23/03	AT&T Wireless			, ,
	Payee address; City; State; Zip Code			\$73.73
	PO Box 8220 Aurora, IL 60572-8220			
Purpose of pay required.)	rment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Campaign Pho	one Service			
Date	Payee name			Amount (\$)
4/23/03	T Mobile			\$59.60
	Payee address; City; State; Zip Code		-	ψου.ου
	PO Box 742596 Cincinatti, OH 45274-2596			<del>.</del>
Purpose of pay- required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Campaign Pho	ne Service			
Date	Payee name			Amount (\$)
4/23/03	SBC  Payee address; City; State; Zip Code			\$32.14
	1714 Ashland St Houston, TX 77008-3998			
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Campaign Pho	ne Service			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NI	EEDED	

## **POLITICAL EXPENDITURES** SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 18 % 32 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Orlando Sanchez 5 Payee name Amount Date (\$) 4/23/03 US Postmaster \$37.00 6 Payee address; City; State; Zip Code 700 Smith St Houston, TX 77002-2714 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held required.) Candidate / Officeholder name Office sought Postage Payee name Amount Date (\$) Orlando Sanchez 4/24/03 \$450.00 Payee address; City; State; Zip Code PO Box 20463 Houston, TX 77225-0463 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held Milage Reimbursement for Campaign Activities Amount Payee name Date (\$) City of Houston 4/29/03 \$250.00 Payee address; City; State; Zip Code 10518 Bellaire Blvd Houston, TX 77072-5212 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held Park Fee Amount Payee name (\$) City of Houston 4/29/03 \$115.00 Payee address; City; State; Zip Code 10518 Bellaire Blvd Houston, TX 77072-5212 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Office held Candidate / Officeholder name Office sought Park Fee ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) FILER NAME Orlando Sanchez 5 Payee name Amount Date (\$) David Polyansky 4/29/03 \$500.00 City; State; Zip Code 6 Payee address; 2400 Westheimer #104C Houston, TX 77098 Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• Office held required.) Candidate / Officeholder name Office sought Consulting Fee Amount Payee name Date (\$) US Postmaster 4/29/03 \$740.00 Payee address; City; State; Zip Code 700 Smith St Houston, Texas 77002 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office held required.) Candidate / Officeholder name Office sought Postage Amount Payee name Date (\$) David Hagy 4/29/03 \$3000.00 Payee address; City; State; Zip Code 5234 Imogene Street Houston, TX 77096 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held Consulting Fee **Amount** Payee name (\$) International Mailing Systems 4/29/03 \$2069.39 Payee address; City; State; Zip Code 815 Live Oak Houston, TX 77003 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Postage and Processing Fees for Mailout ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIO	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F: 2° % 3Z
2 FILER NAME Orlando S			3 ACCOUNT#	# (Ethics Commission filers)
4 Date	5 Payee name	•		7 Amount (\$)
4/30/03	Kight Printing			,
	6 Payee address; City; State; Zip Code			\$623.34
	5750 Bintliff Ste 202 Houston, TX 77036			
8 Purpose of pay required.)	/ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
Printing				#
Date	Payee name			Amount (\$)
4/30/03	Bob Pelfry			
	Payee address; City; State; Zip Code			\$10,000.00
	PO Box 20674 Houston, TX 77282			
Purpose of pay required.)	rment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		o benefit C/OH •• Office sought Office held
Campaign Cor	isulting Fee			
Date	Payee name			Amount (\$)
4/30/03	Yes Printing			\$5000.00
	Payee address; City; State; Zip Code			<b>40000.00</b>
	4711 Main Houston, TX 77002			
Purpose of payi required.) Printing	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	rect expenditure to name O	o benefit C/OH ••  Office sought Office held
Date	Payee name			Amount
4/30/03	PDQ			(\$) #420.00
	Payee address; City; State; Zip Code			\$129.90
	2249 Knight Street Houston, TX 77093-7244			
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder na	rect expenditure to ame O	o benefit C/OH ••  Office sought Office held
Lavatories for (	Campaign Event			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS N	EEDED	

POLITI	CAL EXPENDITURES			SCHEDU	ILE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	s Schedule F:	o6 32
2 FILER NAM Orlando S			3 ACCOUNT	# (Ethics Commission fil	ers)
4 Date	5 Payee name			7 Amour	nt
4/30/03	LD Systems, Inc			(\$)	
	6 Payee address; City; State; Zip Code			\$7720.00	
·	PO Box 10620 483 W 38th Street Houston, TX 77206-0620	·			
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought	Office held
Sound Syst	tem for Campaign Event				
Date	Payee name			Amoun	nt
4/30/03	International Mailing Systems				
	Payee address; City; State; Zip Code			\$31.32	
	815 Live Oak Houston, TX 77003				
Purpose of payment (See instructions regarding type of information required.)		•• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought	Office held
Postage and F	Processing Fees for Mailout				
Date	Payee name			Amoun (\$)	t
5/14/03	Gina Benton	·		\$1800.00	
	Payee address; City; State; Zip Code			Ψ1000.00	
	12939 Wincrest Court Cypress, TX 77429				
	rment (See instructions regarding type of information	•• Complete if dire			
required.)  Contract Labor	r	Candidate / Officeholder na	me (	Office sought	Office held
001111011111111111111111111111111111111					
Date	Payee name	444		Amount	
5/15/03	Hefner & Associates			(\$) \$2600.00	
	Payee address; City; State; Zip Code			\$2600.00	
	PO Box 5682 Kingwood, TX 77325				
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder nar	•	to benefit C/OH •• Office sought	Office held
Consulting Fee	;				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

POLITI	ICAL EXPENDITURES			SCHED	ULE <b>F</b>
The Instruction	ION GUIDE explains how to complete this form.		1 Total page	s Schedule F:	of 32
2 FILER NAM Orlando S			3 ACCOUNT	Γ# (Ethics Commission fi	ilers)
4 Date	5 Payee name			7 Amou (\$)	ınt
5/15/03	SK Strategies				
	6 Payee address; City; State; Zip Code			\$14,000.00	
	55 Waugh Drive Ste 610 Houston, TX 77007	÷			
8 Purpose of pay	l syment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na		e to benefit C/OH •• Office sought	Office held
Fundraising	g and Organizational Consulting Fee				
Date	Payee name			Amour (\$)	nt
5/15/03	Archstone Memorial Heights Apts				
	Payee address; City; State; Zip Code			\$150.00	
	201 S Heights Blvd Houston, TX 77007				
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
Event Parking					
Date	Payee name	Management of the Control of the Con		Amoun	nt
5/16/03	David Polyansky			\$2500.00	
	Payee address; City; State; Zip Code			Ψ2000.00	
	2400 Westheimer Ste 104C Houston, TX 77098				
required.)	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
Contract Labor	(				
Date	Payee name			Amoun	t
5/15/03	Kight Printing			\$5080.78	
	Payee address; City; State; Zip Code			Ψ00000	
	5750 Bintliff Ste 202 Houston, TX 77036				
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direction Candidate / Officeholder nar	•	to benefit C/OH •• Office sought	Office held
Printing		AND		······································	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

#### Austin, Texas 78711-2070 1-800-325-8506 Texas Ethics Commission P.O. Box 12070 POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 23 & 32 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Orlando Sanchez 5 Payee name Amount Date (\$) 5/20/03 AT&T Wireless \$82.81 City; State; Zip Code 6 Payee address; PO Box 8220 Aurora, IL 60572-8220 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held Campaign Phone Service Date Payee name Amount (\$) Webvertising 5/20/03 \$135.31 Payee address; City; State; Zip Code 3100 Richmond Ave Ste 200 Houston, TX 77098 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held Website Maintenance Amount Payee name Date Robert Pelfrey 5/20/03 \$388.66 Payee address; City; State; Zip Code PO Box 20674 Houston, TX 77282 Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office sought Office held Reimbursement for Campaign Cell Phone Use Amount Date Payee name (\$) Harris County Council of Organization 5/20/03 \$40.00 Payee address; City; State; Zip Code 1001 Preston Houston, TX 77002 Purpose of payment (See instructions regarding type of Information · Complete if direct expenditure to benefit C/OH ·· required.) Office held Candidate / Officeholder name **Event Ticket**

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#### (512) 463-5800 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 32 24 06 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Orlando Sanchez Amount 5 Payee name (\$) 5/22/03 Yes Printing \$6775.13 City; State; Zip Code 6 Payee address; 4711 Main Houston, TX 77002 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held required.) Candidate / Officeholder name Office sought **Printing** Amount Date Payee name **Berings** 5/23/03 \$34.64 City; State; Zip Code Payee address; 6102 Westheimer Houston, Texas 77057 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Office held required.) Candidate / Officeholder name Office sought Office Supplies Amount Payee name Date (\$) S&G Associates Staff Leasing 5/23/03 \$4000.00 Payee address; City; State; Zip Code 5065 Westheimer Ste 818 Houston, TX 77056 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. Office sought Office held required.) Candidate / Officeholder name Campaign Payroll Service Amount Pavee name Date (\$) James Collins 5/27/03 \$371.98 Payee address; City; State; Zip Code 2102 Cobble Creek Houston, TX 77073 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Office held Candidate / Officeholder name Office sought

**Transportation Expenses** 

Date 6/5/03	Payee name Downtown Houston Pachyderm Club	Amount (\$)
	Payee address; City; State; Zip Code	\$40.00
	1217 Prairie Ste 206 Houston, TX 77002	

Purpose of payment (See instructions regarding type of information required.)

• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought

**Annual Dues** 

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Office held

Austin, Texas 78711-2070

### POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 26 6 32 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Orlando Sanchez Date 5 Payee name **Amount** (\$) 6/5/03 LD Systems \$190.00 6 Payee address; City; State; Zip Code PO Box 10620 483 W 38th Street Houston, TX 77206-0620 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held Equipment for Campaign Event Amount Date Payee name (\$) International Mailing Systems 6/5/03 \$271.07 Payee address; City; State; Zip Code 815 Live Oak Houston, TX 77003 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held Postage and Processing Fees for Mailout Amount Payee name Date (\$) SBC 6/5/03 \$1495.00 City; State; Zip Code Payee address; 1714 Ashland St Houston, TX 77008-3998 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · reauired.) Candidate / Officeholder name Office sought Office held Phone Service for Campaign Headquarters Amount Payee name (\$) **US Postmaster** 6/5/03 \$150.00 City; State; Zip Code Payee address; 700 Smith St Houston, TX 77002-2714 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Office held Candidate / Officeholder name Office sought **BRE Permit** ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 46	3-5800	1-800-325-850
POLITI	CAL EXPENDITURES			SCH	EDULE F
The Instruction	אס Guide explains how to complete this form.		1 Total pages	Schedule F:	27632
2 FILER NAM Orlando S			3 ACCOUNT	# (Ethics Comm	nission filers)
4 Date	5 Payee name			7	Amount (\$)
6/6/03	S&G Associates		!		
	6 Payee address; City; State; Zip Code			\$7461.	00
	5065 Westheimer Ste 818 Houston, TX 77056				
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 •• Complete if di Candidate / Officeholder r	rect expenditure name	to benefit C/C Office sought	Office held
Campaign I	Payroll Service				
Date	Payee name				Amount (\$)
6/6/03	SBC				(+)
	Payee address; City; State; Zip Code			\$64.28	
·	1714 Ashland St Houston, TX 77008-3998				
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/O Office sought	Office held
Campaign Pho	one Service				
Date	Payee name				Amount (\$)
6/13/03	Daughters of Liberty RWC			\$50.00	(Ψ)
	Payee address; City; State; Zip Code			ψ30.00	
	7902 Oakington Houston, TX 77071				
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if die Candidate / Officeholder n		to benefit C/O Office sought	H •• Office held
Directory Ad					
Date	Payee name			. ,	Amount
6/13/03	International Mailing Systems				(\$)
	Payee address; City; State; Zip Code			\$824.89	)
	815 Live Oak Houston, TX 77003				
Purpose of pay required.)	   ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/O	H •• Office held
Postage and P	rocessing Fees for Mailout				
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-850
POLITI	CAL EXPENDITURES		sc	HEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Schedule F	28 6 32
2 FILER NAMI Orlando S		Market Annual Control of the Control	3 ACCOUNT # (Ethics Con	
4 Date	5 Payee name		7	Amount (\$)
6/6/03	Gina Benton		\$1800	
	6 Payee address; City; State; Zip Code			
	12939 Wincrest Court Cypress, TX 77429			-
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder i	rect expenditure to benefit Coname Office sought	OH •• Office held
Consulting	Fee			
Date	Payee name			Amount (\$)
6/13/03	Kight Printing Payee address; City; State; Zip Code		\$783.9	91
	5750 Bintliff, Ste. 202 Houston, Texas 77036			·
Purpose of pay required.) Printing	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	rect expenditure to benefit C/ name Office sought	OH •• Office held
Date	Payee name			Amount (\$)
6/13/03	More than Paper		\$522.2	
	Payee address; City; State; Zip Code		Ψ022.21	
	2055 Westheimer Rd. # 100 Houston, Texas 77056			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	rect expenditure to benefit C/ name Office sought	OH •• Office held
Invitations				
Date	Payee name			Amount (\$)
6/13/03	The Link Letter		\$500.0	
	Payee address; City; State; Zip Code 12615 Jones Rd., Ste. 103 Houston, Texas 77070-4806			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	rect expenditure to benefit C/0 name Office sought	OH •• Office held
Advertisement				
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED	

POLITIO	CAL EXPENDITURES			SCHEDU	JLE <b>F</b>
The Instructio	GUIDE explains how to complete this form.		1 Total pages	s Schedule F: 29	£32
2 FILER NAME Orlando S			3 ACCOUNT	# (Ethics Commission fil	lers)
4 Date	5 Payee name		<del>,</del>	7 Amour	nt
6/13/03	Data Pack				
·	6 Payee address; City; State; Zip Code			\$43.45	
	4848 Guiton, Ste. 107 Houston, Texas 77027				
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
Courier Ser	vices				
Date	Payee name			Amour (\$)	nt
6/27/03	SK Strategies				
	Payee address; City; State; Zip Code			\$14,000.00	
	55 Waugh Drive Ste 610 Houston, TX 77007				
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
Fundraising an	nd Organizational Consulting Fee			· · · · · · · · · · · · · · · · · · ·	
Date	Payee name		-	Amoun (\$)	nt
6/27/03	Gulf Coast Hot Shot			\$457.00	
	Payee address; City; State; Zip Code			ψτοι.σο	
	P.O. Box 720569 Houston, Texas 77272-0569				
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought	Office held
Courier Service	€				
Date	Payee name			Amount	t
				(\$)	
	Payee address; City; State; Zip Code				
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	<b>W</b>	

# ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Office Supplies

POLITIO	CAL EXPENDITURES			SCHEDULE F
The Instructio	N GUIDE explains how to complete this form.		1 Total pages	Schedule F: 31 o6 32
2 FILER NAME Orlando S			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
5/15/03	US Postal Service			
	6 Payee address; City; State; Zip Code			\$740.00
	1900 W. Gray Houston, Texas 77019		J.	
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Postage	· · · · · · · · · · · · · · · · · · ·			
Date	Payee name			Amount (\$)
5/15/03	Office Depot	· · · · · · · · · · · · · · · · · · ·		
	Payee address; City; State; Zip Code			\$38.97
	13802 NW Freeway			
	Houston, Texas 77040			
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
Copies				
Date	Payee name			Amount (\$)
5/15/03	Harris County Tax Assossor-Collector			\$665.00
	Payee address; City; State; Zip Code			Ψ000.00
	1001 Preston St., Rm. 200 Houston, Texas 77002			
required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	-	to benefit C/OH •• Office sought Office held
Maps and Guid	le			
Date	Payee name			Amount (\$)
5/1503	US Postal Service			\$370.00
	Payee address; City; State; Zip Code			<b>40.0.0</b> 2
	1900 W. Gray Houston, Texas 77019			·
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		o benefit C/OH ••  Office sought Office held
Postage				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

P.O. Box 12070 Austin, Texas 78711-2070

POLITIO	CAL EXPENDITURES			SCHEDULE F
		No. of the second secon		
The Instruction	GUIDE explains how to complete this form.		1 Total pages	32 06 32
2 FILER NAME Orlando S			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
5/15/03	More than Paper			(\$)
	6 Payee address; City; State; Zip Code			\$280.37
	2055 Westheimer, Ste. 100 Houston, Texas 77098			
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
Invitations				
Date	Payee name			Amount (\$)
5/15/03	Office Depot			
	Payee address; City; State; Zip Code			\$14.71
	3443 Kirby Drive Houston, Texas 77098			
Purpose of payı required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Office Supplies	<b>;</b>			
Date	Payee name			Amount (\$)
5/15/03	Office Max			\$148.93
·	Payee address; City; State; Zip Code			φ (40.95
	1576 W. Gray Houston, Texas 77019			
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	•	to benefit C/OH ••  Office sought Office held
Office Supplies	·			
Date	Payee name			Amount
5/1503	US Postal Service			(\$) \$555.00
ĺ	Payee address; City; State; Zip Code			φυυυ.ου
	1900 W. Gray Houston, Texas 77019			
Purpose of payn required.)	ment (See instructions regarding type of information	•• Complete if direction Candidate / Officeholder nar	•	o benefit C/OH •• Office sought Office held
Postage			·	<u> </u>
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	